# FOSTMARK DATE NOV 1 3 2003

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

Įrī			nue Service	► The organization may have to	use a copy of this ret	urn to sati	sfy state reportin	g requirer	ments Inspection
A	F	or th	ne 2002 ca	lendar year, or tax year beginning	January 1	, 2002, a	and ending De	cens	C/31,20 0Z
В	Che	eck f		Please C Name of organization	1,7	/	(1.	D Emplo	yer identification number
	] Ad	dres:	s change   1	Americastor Umit			rinda Ton	<u>52.</u>	202-0468
Ę	] Na	me c	hange <sup>1</sup>	print or Number and street (or PO box	if mail is not delivered to	o street ado			hone number
<u></u>	d ind	uad re	tum	218 DAVIS ST	cot		(20)		7,560-9620
	] Fın	al ret		ry or town state or country a اسكم إ		ì		_	ing method: 🗗 (Cash 🗌 Accrual
	_		ed return		6020	<u>.                                    </u>	11		ther (specify)
	J Apq	oficat	ion pending	<ul> <li>Section 601(c)(1) organizations en trusts must attach a completed Sci</li> </ul>					le to section 527 organizations. m for affiliates? Yes (Ma
G	W	sh ch	ter ► N	MW. limited gu				-	ber of affiliates > . N./.A
_			<u>  V</u>	\/ -/			H(c) Are all af		uded? 🗸 🖂 Yes 🗀 No
<u> </u>	Or	لاسو	zation type (	(check only one) ► 🔀 501(c) (5) < (	(insert no ) 🖸 4947(a)(1	) or ∐ 52	-		st. See instructions )
K	Ch	eck	here ▶ 🛄	If the organization's gross receipts are n	cormally not more than !	\$25 000 Th	⊫e H(dd) İsthusası ormanızatı	eparate retu on covered i	im filed by an by a group ruling? Thes Ass
				ot file a return with the IRS, but if the organ file a return without financial data. Some s				ilgit GEN »	
-				<del></del>	<del></del>				the organization is not required
		_		dd lines 6b, 8b, 9b, and 10b to line 1			to attact	Sch B (F	Form 990 990-EZ or 990-PF)
	ar	t I	Revenu	ue, Expenses, and Changes i	n Net Assets or F	und Ba	lances (See p	age 17 (	of the instructions)
		1		tions, gifts, grants, and similar ar	nounts received	1 - 1	210.00	\	
		8	-	iblic support		1a	310000	<del>* /////</del>	
		þ	-	public support		1b	<del></del>	<i>₩/////</i>	
		C		ent contributions (grants)		1c		////// 1d	310,000
	1			d lines 1a through 1c) (cash \$	noncas			2	110000
	ł	2 3	_	service revenue including governm ship dues and assessments	ent lees and condac	is (non)	Part VII, line 93)	3	
		4		on savings and temporary cash in	westments			4	7197.
	ı	5		s and interest from securities	West refres			5	
		- 6a	Gross rer			6a			
7	S)	b	Less ren	tal expenses .		6b			
- 1	¥	C	Net renta	I income or (loss) (subtract line 6	b from line 6a)			6c	
	<b>SCANNED</b>	7	Other inv	estment income (describe	(8) S 11	,	<u>_</u>	7	<u> </u>
	Ħ	8a		nount from sales of assets other	(A) Securities	<del>  _   -</del>	(B) Other	-////	
ć	bi.		than inve	-	<del></del>	8a   8b	-	-/////	
5				or other basis and sales expenses		8c			
3	2	d		oss) (attach schedule) or (loss) (combine line 8c, columns	(A) and (P))	<u> </u>	· · · · · ·	8d	
•	م	9	-	events and activities (attach sche			-	<i>iiii</i>	
(	+	a	•	venue (not including \$	of				
2	₩.	_		ions reported on line 1a)		9a			
		b		ect expenses other than fundrais	ing expenses	9b			
				ne or (loss) from special events (		m line 9a	)	9c	
	1			les of inventory, less returns and	allowances	10a			
				st of goods sold		10b		_/////	
	-			fit or (loss) from sales of inventory (at	itach schedule) (subtra	act line 10	b from line 10a)	10c	
	•	1 2 T	LOCAL THE	enue from Part VII., line 103) enue (add lines 10, 7, 3, 4, 5, 6c, 7	7 8d 9c 10c and 1	1)	•	11	317 107
_	$\neg$			services (from line 12 dolumn (B		·,		13	3030
}	۱ <u>.</u>	4	Mahanen	ment and general (from hipe 44, or	)) Huma (C))			14	4331.
	į 1	5	Fundrals	rig (from line 44, column (D))	num (O))			15	
j	1	6	ayment	s to affiliates (attacl schedule)	•			16	
_	1	7		tell ine 15-and 44, colu	ımrı (A))			17	8166
ŧ	3   1	8	Elcess o	(deficit) for the year (subtract lir	ne 17 from line 12)			18	304036.
Me A	[ 1	9		ts or fund balances at beginning			n (A))	19	1840-
3	į   2	0	Other cha	anges in net assets or fund balar	ices (attach explana	ation)		20	2000
	2	1	Net asset	s or fund balances at end of year (	compine lines 18, 19	, and 20)		21	<u> 305876.</u>

22 Grants and allocations (attach schedule) (carls a single service) (carls 1	Pale		atement of Inctional Expenses				ns (B) (C), and (D) are re but optional for others. (		
22   23   24   24   24   24   25   25   25   25						(A) Total			(D) Fundraising
22   23   Specific assistance to individuals (attach schedule)   23   Specific assistance to individuals (attach schedule)   24   Specific assistance to individuals (attach schedule)   25   Compensation of officers, directors, etc   26   Cother schalars and weges   27   Persison plan contributions   28   Persison plan contributions   28   Persison plan contributions   28   Persison plan contributions   29   Persison plan contributions   20   Persison plan contributions   29   Persison plan contribut	22	Grants a	and allocations (attach	schedule)		<del></del>	1		
24 Benefits paid to or for members (attach schedule). Compensation of officers, directors, etc. Compensation of officers, etc. Compensation officers, etc.					22				
24 Benefits past to or for members (attant schedule). 25 Compensation of officers, directors, etc. 26 Cother salaries and wages. 27 Pension plan combinations. 28 Other employee benefits. 28 Other employee benefits. 29 Payroll taxes. 29 Professional fundriasing fees. 30 In Accounting fees. 31 Accounting fees. 31 Accounting fees. 31 Supplies. 32 Legal fees. 33 Supplies. 33 Supplies. 33 Supplies. 33 Supplies. 34 Telephone. 35 Postage and shipping. 36 In 177. 37 Supplies. 38 Postage and shipping. 36 In 177. 37 Supplies. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 Coupring. 30 In 177. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 33 Supplies. 34 Telephone. 35 Postage and shipping. 36 In 177. 37 Supplies. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 In 177. 30 Supplies. 30 In 177. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 33 Supplies. 34 Telephone. 35 Postage and shipping. 36 In 177. 37 Supplies. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 In 177. 30 Supplies. 30 In 177. 31 Supplies. 30 In 177. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 33 Supplies. 34 In 177. 35 Supplies. 35 Legal fees. 36 In 177. 36 Cupplies. 37 Supplies. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 In 177. 30 Supplies. 30 In 177. 31 Supplies. 30 In 177. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 34 In 177. 35 Supplies. 35 Supplies. 36 In 177. 37 Supplies. 37 Supplies. 38 Postage and shipping. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 Supplies. 30 Supplies. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 33 Supplies. 34 Supplies. 35 Supplies. 36 In 177. 37 Supplies. 37 Supplies. 38 Postage and shipping. 39 In 177. 30 Supplies. 30 Supplies. 30 Supplies. 31 Supplies. 31 Supplies. 32 Legal fees. 33 Supplies. 34 Supplies. 35 Supplies. 36 Supplies. 37 Supplies. 38 Postage and shipping. 38 Postage and shipping. 39 Supplies. 30 Supplies. 30 Supplies. 30 Supplies. 30 Supplies. 31 Supplies. 32 Supplies. 33 Supplies. 34 Supplies. 35 Supplies. 36 Supplies. 37 Supplies. 38	23	Specific a	assistance to Individuals (	attach schedule)	23	•			
Other salares and wages . 26  Other employee benefits . 28  Department and process . 31  Accounting fees . 32  14 Telephone . 34  15 Postage and shipping . 35  16 Coolpany . 36  Other employee benefits . 38  17 Postage and shipping . 35  Other salares and wages . 29  18 Postage and shipping . 35  Occupancy . 36  Occupancy . 37  Occu		•			24				
Penson plan contributions  27 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20		•		•	25	· · · · · · · · · · · · · · · · · · ·			
Other employee benefits  28   Payroll taxes  29   Payroll taxes  20   Professional fundrasing fees  30   Professional fundrasing fees  31   Accounting fees  32   144	26	Other sa	lanes and wages ,	,	26	<del></del>			<u> </u>
Payrol taxes  Pa	27	Pension	plan contributions	•	27				
Professional fundraring fees 30 30 31 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	28	Other er	nployee benefits		1			· ·	·
Accounting fees   31	29	Payroll t	axes			<del>-</del> -			
Legal fees  32	30	Professe	onal fundraising fees		H				
33 Supplies 34 Telephone 35 Postage and shupping 36 Occupancy 37 Equipment rental and maintenance 37 3 Le P. 1091.   177.   38 Pontage and publications 39 Travel Conferences, conventions, and meetings 40 Interest 40 Depreciation, depletion, etc. (attach schedulg) 41 Interest 42 Depreciation, depletion, etc. (attach schedulg) 42 Depreciation, depletion, etc. (attach schedulg) 43 Differ express, not covered above (temps) a bank (xs. 43a	31	Account	ing fees		_				ļ. <u>.                                   </u>
Telephone   34   995   975	32	Legal fe	es		_	144_			<u> </u>
35 Postage and shipping 36 Occupency 37 Seguipment rental and maintenance 38 Printing and publications 38 Printing and publications 39 Travel 40 Conferences, conventions, and meetings 41 Interest 41 Interest 42 Depreciation, depletion, etc. (attach schedulg) 42 Depreciation, depletion, etc. (attach schedulg) 42 Depreciation, depletion, etc. (attach schedulg) 43 Other exprises not covered above (termice) a Drink 1975 44 Drink 1971 1971 1971 1971 1972 1973 45 Drink 1971 1971 1972 1974 1974 1975 46 Drink 1971 1971 1974 1974 1975 47 Total Interest 48 Drink 1974 1974 1974 1975 49 Drink 1974 1974 1974 1975 40 Drink 1974 1974 1975 41 Total Interest 1974 1975 42 Drink 1974 1975 43 Drink 1974 1975 44 Total Interest 20 Prough 8 Drink 1975 45 Drink 1974 1975 46 Total Interest 20 Prough 1975 47 Trent 1975 48 Drink 1974 1975 48 Drink 1974 1975 49 Drink 1974 1975 40 Drink 1974	33	Supplies	;		$\overline{}$				<b> </b>
36   1/72   365   271(c)   37   3   6   1   72   37   3   6   1   72   37   3   6   1   72   37   3   6   1   72   37   3   6   1   72   38   39   39   39   39   39   39   39					H				
Security	35	Postage	and shipping	•	-	··· · · · · · · · · · · · · · · · · ·	1091.	<del>- 11"a = -</del>	ļ
Salign   Printing and publications   Salign	36	Occupat	ncy		<del></del>		01.0	11-17-	
Travel   39				ince	$\overline{}$	36810	865.	2816.	
Conferences, conventions, and meetings Interest 10 Conferences, conventions, and meetings Interest 11 Interest 12 Depreciation, depletion, etc (attach sehedulg) 142 15 Depreciation, depletion, etc (attach sehedulg) 142 16 Depreciation, depletion, etc (attach sehedulg) 15 Depreciation, depletion, etc (attach sehedulg) 16 Depreciation, depletion, etc (attach sehedulg) 16 Depreciation, depletion, etc (attach sehedulg) 17 Depreciation, depletion, etc (attach sehedulg) 18 Depreciation, depletion, etc (attach sehedulg) 18 Depreciation, depletion, etc (attach sehedulg) 18 Depreciation, depletion, etc (attach sehedulg) 19 Depreciation, depletion,	38	Printing	and publications				<del> </del>		
Interest					h	·			· · · · · · · · · · · · · · · · · · ·
A2   Depreciation, depletion, etc (attach schedulg)   A2   A38   A30			nces, conventions, and	l meetings	_	<del></del>			
Other expenses not covered above (itemze) a Bink 195		_			$\vdash$	<del></del>	<del> </del>		<del>  - · · · · · · · · · · · · · · · · · · </del>
b Professional Fees 43b 879 479 3. c Dues And Subscriptions 43c 3. 3. 43d 136. 136. e TAXEXPENSC 43a 120. 20. 20.  43 Total functional expenses (add lines 22 through 43) Organizations (34-00), carry these totals to lines 13-15 44 816 1. 3 9 30. 4 3 3 1.  Joint Costs. Check Fee if you are following SOP 98-2 are any joint costs from a combined educational campaign and fundraising solicitation reported in (8) Program services 1 Yes. And (by the amount allocated to Program services 2 N/A and (by the amount allocated to Fundraising 5 N/A and (by					$\overline{}$		<del></del>	74n	<u> </u>
d Miscellaneous 43d 136. 136. 136. 136. 136. 136. 136. 136.					$\overline{}$		1770	70.	<u> </u>
d MISCE   GARLOWS   43d   13C   13C   20   48e   20   20   49e   49e   20   49e   20   49e   49e   20   49e   49e   20   49e   49e   20   49e					-		<del>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ </del>		<u> </u>
43e	_	. Du	ies and surse	במעוקנוג			·	13,	
Total functional emparses (and lines 22 through 43) Organizations completing columns (8)-(9), carry thisse totals to lines 13–15  44 8 6 6 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	_								
completing columns (B)-(D) carry these totals to lows 13–15   44   0   0   3   3   0    Joint Costs. Check   1 you are following SOP 98-2  Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?   1 yes; enter (i) the aggregate amount of these joint costs \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-				436			40.	<u> </u>
Are any joint Costs. Check					l aa	8161.	3830	4331	j
What is the organization's primary exempt purpose?    Statement  All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)  (Grants and allocations \$ )	Are an f "Yes iu) th	y joint co s," enter ( e amount	sts from a combined edu  ii) the aggregate amount allocated to Manageme	cational campaign of these joint cost at and general \$	and futs \$	<b>以</b> /	ne amount allocated ne amount allocated	to Program service to Fundraising \$	► □ Yes Æ No s \$ _
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clearly c	Mhat	is the or	nanization s nomany o	remnt numnee?	7	tatemen	Ŧ 1		Program Service
(Grants and allocations \$ ) 38.30.  (Grants and allocations \$ )	All orgoid	janizatior nts serve	is must describe their e ed, publications issued,	xempt purpose a etc. Discuss ach	chiever lieverne	nents in a clear ar ints that are not n	nd concise manner neasurable (Section	State the number 501(c)(3) and (4)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
(Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )	<b>a</b> .								
(Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )			··· ··· ··· ··· ·						
(Grants and allocations \$ )  d (Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )	-				Grants	and allocations	\$	j	<i>38 30.</i>
(Grants and allocations \$ )  d	þ	- <b>-</b>		·					
(Grants and allocations \$ )  d		•		•			-• -	•	
(Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )	_	· ·		(0	Grants	and allocations	\$	<u> </u>	
(Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )	<b>C</b> .	•	·· · · · · · · · · · · · · · · · · · ·	··				<b></b>	
(Grants and allocations \$ )  Other program services (attach schedule) (Grants and allocations \$ )				•					
e Other program services (attach schedule) (Grants and allocations \$ )	_			(0	Grants	and allocations	\$	· · · · · · · · · · · · · · · · · · ·	
e Other program services (attach schedule) (Grants and allocations \$ )	d _								
e Other program services (attach schedule) (Grants and allocations \$ )	_	·							ı
	_					·· <u> </u>	<del></del>	)	
Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ <							·	)	
	<u>r To</u>	tal of P	rogram Service Exper	<b>15es</b> (should equ	ıal line	44, column (B), i	Program services)		3830 . Form <b>990</b> (2002)

ŀ,	iri iv	Balance Sheets (See page 24 of the	instructions )			
•	lote:	Where required attached schedules and amounts column should be for end-of-year amounts only	within the description	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing			45	193823.
	46	Savings and temporary cash investments	}		46	
	470	Accounts receivable .	47a			
		Less allowance for doubtful accounts	47b		47c	
	ן י	LESS MICHAELEC TO GOODLIG ACCOUNTS				-
	48a	Pledges receivable	48a			
	ľ	Less, allowance for doubtful accounts	48b		48c	
	49	Grants receivable	-		49	
Assets	50	Receivables from officers, directors, truste (attach schedule)		50		
		Other notes and loans receivable (attach schedule)	51a  /12U53.			112053.
	i	Less allowance for doubtful accounts	51b	<del></del>	51c	110000
		Inventones for sale or use	-		53	
	53 54	Prepaid expenses and deferred charges Investments—securities (attach schedule)	► □ Cost □ FMV		54	•
		Investments—land, buildings, and	P L3 CO3t L1 1 WAY			•
	056	equipment basis	55a			
	ь	Less accumulated depreciation (attach	1 1			
		schedule)	55b		55c	
	56	Investments—other (attach schedule)	157-1		56	<del></del>
		Land, buildings, and equipment basis	57a			
	D	Less accumulated depreciation (attach schedule)	57b		57c	
	58	Other assets (describe >	)		58	
		•				304674
	59	Total assets (add lines 45 through 58) (mus	t equal line 74)		59	305876.
	60	Accounts payable and accrued expenses	-		60	
	61	Grants payable	-		61	
S	62	Deferred revenue		<del></del>		
휥	63	Loans from officers, directors, trustees, and schedule)	d key employees (attach		63	
Labilities	64a	Tax-exempt bond liabilities (attach schedule)	,	<del> </del>	64a	
Ĭ		Mortgages and other notes payable (attach			64b	
	65	Other liabilities (describe ▶	)		65	
	ce	Total habilities (add less 60 through 65)	Ì			$\circ$
_	66	Total liabilities (add lines 60 through 65)			66	<u> </u>
	Orga	inizations that follow SFAS 117, check here I 67 through 69 and lines 73 and 74	▶ □ and complete lines			
93	67	Unrestricted			67	
Į.	68	Temporarily restricted			68	
æ	69	Permanently restricted			69	
Fund Balances	Orga	nizations that do not follow SFAS 117, check	chere ► 🔯 and			
FF		complete lines 70 through 74				
s or	70 71	Capital stock, trust principal, or current fund			70	
Net Assets	71 72	Paid-in or capital surplus, or land, building, Retained earnings, endowment, accumulate		<del></del>	72	305876.
As	73	Total net assets or fund balances (add line		<del></del>		<u> </u>
Net		70 through 72,	23 07 Biroagn 08 <b>01</b> lines			2000-
_		column (A) must equal line 19, column (B) n	nust equal line 21)	<del> </del>	73	305876.
	74	Total liabilities and net assets / fund balance	ces (add lines 66 and 73)		74	305876

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Pai	rt IV-Λ	Financia	liation of Revenu Il Statements wit See page 26 of the	h Revenue	per	Part	F	leconciliation o inancial Stater leturn			
a			and other support			a		enses and lo			
ь	Amounts	included o	statements >			ь	Amounts	nancial statement included on line		a	
(1)	line 12, f Net unrea	form 990 Ilized gams				(1)	on line 17 Donated	, Form 990 services			
(2)	On investi	ments . services	<u> </u>			(20	and use of Prior year ac				
, ,	and use	of facilities es of pnor	\$			(2)	reported or Form 990				
	year gran	its	<u>\$</u>			(3)	Losses rep				
(4)	Other (sp	eafy)				(40)	line 20, Fo Other (spe				
			<u>s</u>			(3)	· ·- ·-				
	Add amo	unts on line	s (1) through (4) >	Ь			Add amou	nts on lines (1) th	rough (A)	b	
c	Line a m	inus line <b>b</b>	•	c		c	Line a mir		• • • • • • • • • • • • • • • • • • •	C	
d		included of but not o				d		ncluded on line but not on line a	•		
(1)		t expenses				(1)	Investment	•			
	6b, Form	led on line 990 ,	\$				not include 6b, Form 9				
(2)	Other (sp	eafy)				(2)	Other (spe	eafy)			
			\$				-	<u> </u>			
			es (1) and (2) <b>&gt;</b>	4				ints on lines (1)		d	
e	(line c ph	enue per li us line <b>d</b> )	ne 12, Form 990			e	Total expe	nses per line 17, s line <b>d)</b>	Form 990 ▶		
Pai		st of Office	ers, Directors, Ti	rustees, ar	nd Key E	mplo	yees (List e	each one even if	not compens	sated	l, see page 26 o
_	UR		e and address		(B) Trtle a	nd avera	age hours per to position	(C) Compensation (if not paid, enter	(C) Contributions employee benefit pi defensed compens	s to	(E) Expense account and other
	5	Futern	ent 2					-0-)	deferred compers	alon	allowances
				<del></del>			<del></del>				
_	<del>.</del> .			<del></del>		<del></del>					
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			• •								
									•		
75	organizatio	on and all re	or, trustee, or key en lated organizations, o edule—see page 2	if which more	e than \$10	ate coi ),000 w	mpensation o as provided	of more than \$100 by the related org	,000 from you anizations? I	ur ► (	⊒ Yes X No

Page	5
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$\overline{}$	t VI. Other Information (See page 27 of the instructions)		res No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	一方
	If "Yes," attach a conformed copy of the changes.		
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	
	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common		
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X I
þ	If "Yes," enter the name of the organization ► AMERICANS TO FINAL TO LEAD TO THE NAME OF		
81a	Enter direct or indirect political expenditures. See line 81 instructions		MBAMI,
b	Did the organization file Form 1120-POL for this year?.	81Ь	14
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge		اير ا
	or at substantially less than fair rental value?	82a	
b	If "Yes," you may indicate the value of these items here. Do not include this amount		
	as revenue in Part I or as an expense in Part II (See instructions in Part III)	_////////	
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a 83b	<del>} </del>
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .	848	X
	Did the organization solicit any contributions or gifts that were not tax deductible?		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? $\sim A$	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
_	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization		
	received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members [85c] N/A		
d	Section 162(e) lobbying and political expenditures  85d 3/4	-4////	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	-////////	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)  85f   N'//		MAHAAAAA.
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	+
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its	1 1	-
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax vear?	85h	İ
oc	lee 1 - 11 A	11111111	
86 h	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12  Gross receipts, included on line 12, for public use of club facilities  868 N/#		
87	501(c)(12) orgs Enter a Gross income from members or shareholders  87a N/A		
	Gross income from other sources (Do not net amounts due or paid to other		
	sources against amounts due or received from them)		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections	88	<sub>V</sub>
<b>^</b>	301 7701-2 and 301 7701-37 If "Yes," complete Part IX		undunn.
89a	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 ▶		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach		
	a statement explaining each transaction	89ь	X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under		$\alpha$
	sections 4912, 4955, and 4958  Enter Amount of tax on line 89c, above, reimbursed by the organization		$\overline{\mathcal{S}}$
	List the states with which a copy of this return is filled $\triangleright$ . $\iiint U(1) \le \dots $		
	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	_	<i></i>
91	The books are in care of > The Dragn 2 at 1000 Telephone no > (84.7)	5.7/2.	9620
	Located at > 518 DUNIS STYCET SINTC 201, EVANSTONZIP + 4 > 60201.		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here		. ▶ 🛚
	and enter the amount of tax-exempt interest received or accrued during the tax year.		

Part	VII	Analysis of Income-Producing	<b>Activities</b> (Se	e pag	e 31 of the II	nstructions	ş <b>)</b>	
Note:	: Ent	ter gross amounts unless otherwise			ness income		ection 512, 513, or 514	(E)
indica		3	W		(B)	(C)	(O)	Related or
		gram service revenue	Business o	ode	Amount	Exclusion cod	e Amount	exempt function income
		gain service revenue					<u> </u>	
a. b		<del> </del>				<u> </u>	<del></del>	<u> </u>
				-	<del></del>	<del>                                     </del>	<del></del>	<del> </del>
C.		<del> </del>	<del></del>	+			<del> </del> -	
<b>a</b> .		· · · · · · · · · · · · · · · · · · ·	— <del> </del> — -		<del></del>		<del>                                      </del>	<del> </del>
8 .			<del></del>		<del></del> _		-	<del> </del>
		licare/Medicaid payments	<u> </u>		<del></del>		<del></del>	<del> </del>
_		s and contracts from government agend	ies					ļ <u></u> -
94	Men	nbership dues and assessments	<u> </u>				<del> </del>	ļ <u> </u>
95	inter	est on savings and temporary cash investme	ents			14	12197.	ļ
96	Divid	dends and interest from securities			~~~~			
97	Net	rental income or (loss) from real estate						
		t-financed property				l		
		debt-financed property	[					
		rental income or (loss) from personal proper	rtv					
		er investment income	.,					
		or (loss) from sales of assets other than invent	iory					
		income or (loss) from special events					<del></del>	<del> </del>
		ss profit or (loss) from sales of inventor						
		er revenue a	,				1	
ь.	COR						<del></del>	<del> </del>
							1	
C.						<del></del>		
d.		<del></del>	_				<del> </del>	<del> </del>
404		A-A-1 (- ddt) (D) (D) (D)			رم		2197	
		total (add columns (B), (D), and (E))		/////			<u>a 21-11-</u>	2197.
		al (add line 104, columns (B), (D), and (I 105 plus line 1d, Part I, should equal I		ina 12	Dart I		<b>-</b>	<u> </u>
Part		<del></del>				(C	22 -6 15- 1-	-to-ot-one l
Line f	No	Explain how each activity for which incord of the organization's exempt purposes (c	me is reported in other than by pro-	column nding fi	n (E) of Part VII ounds for such p	contributed ( urposes)	mportantly to the	accomplishment
Part	IX L	Information Regarding Taxable Su		Disreg		s (See pag	<del>,</del>	
	Nan	(A) ne address and EIN of corporation	(B) Percentage of		(C) Nature of ac	twites	(D) Total income	(E) End-of-year
		partnership or disregarded entity	ownership intere				Town whether	assets
		·, ·		<u>%</u>	,		ļ <u>.</u>	
		N/A		%			<u></u>	<u></u>
		· · · · · · · · · · · · · · · · · · ·		%				
				%				
Part :	Х	Information Regarding Transfers Ass	sociated with P	ersona	l Benefit Cont	racts (See p	age 33 of the ins	tructions)
(b) (	Did t	ne organization, during the year, receive any funds the organization, during the year, pay p "Yes" to (b), file Form 8870 and Form	remiums, direct	y or in	directly, on a p	personal benef personal be	t contract? nefit contract?	☐ Yes │ No ☐ Yes ☐ No
	T	Under penalties of penury I declare that I have exa	mined this return in	cluding	accompanying sch	edules and su	tements and to the b	est of my knowledge
Diagon		and belief it is true correct, and complete Declar	ration of preparer (o	ther than	officer) is based	on all informat	ion of which prepare	has any knowledge
Please	₽   i	CITIVIA.				- 1	11/1/0/67	7
Sign		Signerary of officer	. 1		0.		Date	<del></del>
Here	- 11	PREJIDENT	How	ard	Rich			
		Type or print name and title			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· ·
	+	<u> </u>			Dete I	Check if	Prenam's SSN an	PTIN (See Gen Inst. W)
Paid	- 1 :	Preparer s signature				self-		pour cour scan ff)
Preparer	<b>'\$</b>  ;	Firm s name (or yours	<del></del>		<u> </u>	emptoyed ► t	<u> </u>	
Use Only	<b>y</b>   1	of self-employed) address, and ZIP + 4					ena ►( )	
•						Pri#Offi		

## SCHEDULE A (Form 990 or 990-EZ)

### Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions)

2002

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the Organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Americans for Limited Go Part I Compensation of the Five High	overnment to	undation	522020	2468
Part I Compensation of the Five High (See page 1 of the instructions 1	est Paid Employees Of	ther Than Office	ers, Directors, a	nd Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over				
Part II Compensation of the Five High	est Paid Independent ( st each one (whether indi	Contractors for viduals or firms)	Professional Seal there are none,	ervices enter "None")
	st each one (whether indi-	viduals or firms)	Professional Self there are none,	ervices enter "None") (c) Compensation
Part II Compensation of the Five High (See page 2 of the instructions List	st each one (whether indi-	viduals or firms)	If there are none,	enter "None ")
Part II Compensation of the Five High (See page 2 of the instructions Lis  (a) Name and address of each independent contractor	st each one (whether indi-	viduals or firms)	If there are none,	enter "None ")
Part II Compensation of the Five High (See page 2 of the instructions Lis  (a) Name and address of each independent contractor	st each one (whether indi-	viduals or firms)	If there are none,	enter "None ")
Part II Compensation of the Five High (See page 2 of the instructions Lis  (a) Name and address of each independent contractor	st each one (whether indi-	viduals or firms)	If there are none,	enter "None ")
(See page 2 of the instructions List (a) Name and address of each independent contractor	st each one (whether indi-	viduals or firms)	If there are none,	enter "None ")

Pa	ri I	Statements About Activities (See page 2 of the instructions)	Yes	NA
1	att or	iring the year, has the organization attempted to influence national, state, or local legislation including any tempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities   \$\Bigsir \bigsir  1		
	OF	ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of blobbying activities.		
2	SU WM	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any bstantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or the any taxable organization with which any such person is affiliated as an officer, director, trustee, majority mer, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the insactions.)		
a	Sa	le, exchange, or leasing of property?	2.0	<u>د ا</u>
b	Le	nding of money or other extension of credit?	2b	<u>ر  </u>
C	Fu	rnishing of goods, services, or facilities?	2c	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
d	Pa	yment of compensation (or payment or reimbursement of expenses if more than \$1 000)?	2d	1
•	Tra	insfer of any part of its income or assets?	2e	1
3		es the organization make grants for scholarships, fellowships, student loans, etc? (See <b>Note</b> below)  you have a section 403(b) annuity plan for your employees?	3 4	× ム
	: At	tach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its chantable programs—qualify" to receive payments		
Pa	r+ <b>1</b> \	Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions)		
he	orga	rization is not a private foundation because it is (Please check only ONE applicable box.)		
5	Ō	A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)		
6		A school Section 170(b)(1)(A)(ii) (Also complete Part V)		
7	빞	A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)		
9		A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital and state.	l's name	, cri
0		An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section (Also complete the <b>Support Schedule</b> in Part IV-A.)	1 70(ь)(1)	(A)(r
1=		An organization that normally receives a substantial part of its support from a governmental unit or from the ( Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)	jeneral p	ubk
	X	A community trust. Section 170(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)  An organization that normally receives. (1) <b>more than 33</b> %% of its support from contributions, membership for receipts from activities related to its charitable, etc. functions—subject to certain exceptions, and (2) no more its support from gross investment income and unrelated business taxable income (less section 511 tax) from busine by the organization after June 30, 1975. See section 509(a)(2). (Also complete the <b>Support Schedule</b> in Part IV-A.)	han 337 sses acc	%
3		An organization that is not controlled by any disqualified persons (other than foundation managers) and supports described in (1) lines 5 through 12 above or (2) section 501(c)(4), (5), or (6), if they meet the test of section section 509(a)(3))		
		Provide the following information about the supported organizations. (See page 5 of the instructions.)		
		(a) Name(s) of supported organization(s)  (b) Line null from ab		
	_	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions		

Cak	ndar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1	999	(e) Total
15	Gifts, grants, and contributions received (Do	(8) 2001	(1) 2000	(6) 1999	(4)	336	(e) IOIAI
	not include unusual grants. See line 28.)						
6	Membership fees received	-		<del> </del> -	<del> </del>		
7	Gross receipts from admissions, merchandise	<del></del>	· · · · —		<del>                                     </del>	<del></del>	
•	sold or services performed, or furnishing of	ļ			1		
	facilities in any activity that is related to the organization's charitable, etc., purpose						
8	Gross income from interest, dividends,			<del>                                     </del>	<del> </del>		
•	amounts received from payments on securities						
	loans (section 512(a)(5)), rents, royalties, and		ł	l			
	unrelated business taxable income (less		[	İ			
	section 511 taxes) from businesses acquired by the organization after June 30, 1975						
9	Net income from unrelated business		<del></del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>		
	activities not included in line 18				1		
_			<u> </u>	Ī	+		
20	Tax revenues levied for the organization's benefit and either paid to it or expended on						
	its behalf		]				
21	The value of services or facilities furnished to		<del>                                     </del>	<del>  </del>	+		
	the organization by a governmental unit		ĺ	1			
	without charge. Do not include the value of						
	services or facilities generally furnished to the public without charge						
22	Other income Attach a schedule Do not				1	-	
_	include gain or (loss) from sale of capital assets						
		7			<del>                                     </del>		
23	lotal of lines 15 through 22						
	Total of lines 15 through 22 Line 23 minus line 17				1		
4					-		
5	Line 23 minus line 17 Enter 1% of line 23	a Enter 294 of	amount in colum	ur (a) has 24		263	
6	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines 10 or 11:			=	<b>&gt;</b>	26a	
24 25	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the name	ne of and amoun	t contributed by	each person (oth		26a	
24 25 26	Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organizations.	ne of and amoun tation) whose tota	t contributed by all gifts for 1998 th	each person (oth	eeded the	26a 26b	N/A
24 25 26	Line 23 minus line 17 Enter 1% of line 23  Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a Do not file this list we	ne of and amoun ation) whose tota t <b>ih your return.</b> E	t contributed by al gifts for 1998 th inter the total of a	each person (oth	eeded the		N/A N/A
24 25 26 b	Line 23 minus line 17 Enter 1% of line 23  Organizations described on lines 10 or 11: Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a Do not file this list will Total support for section 509(a)(1) test. Enter line	ne of and amoun zation) whose tota ith your return. E ne 24, column (e)	t contributed by al gifts for 1998 th inter the total of a	each person (oth	eeded the	26b	NA NA
c	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the name governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18	ne of and amoun ation) whose tota t <b>ih your return.</b> E	t contributed by al gifts for 1998 th inter the total of a 19	each person (oth rrough 2001 exce Il these excess ar	eeded the	26b	N/A N/A N/A
24 26 b	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the name governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18	ne of and amoun cation) whose tota ith your return. E ne 24, column (e)	t contributed by al gifts for 1998 th inter the total of a	each person (oth rrough 2001 exce Il these excess ar	eeded the	26b 26c	N/A N/A N/A
24 26 b	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the name governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18.	ne of and amoun zation) whose tota t <b>ith your return.</b> E ne 24, column (e)	t contributed by all gifts for 1998 the total of all 19	each person (oth rrough 2001 exco Il these excess ar	eeded the	26b 26c 26d	N/A N/A N/A N/A
24 25 26 b c d	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the nan governmental unit or publicly supported organizamount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18  22  Public support (line 26c minus line 26d total)  Public support percentage (line 26e (numera	ne of and amoun zation) whose tota tth your return. E ne 24, column (e)	t contributed by al gifts for 1998 th inter the total of al  19 26b ine 26c (denomi	each person (oth nrough 2001 excell these excess an	eeded the nounts	26b 26c 26d 26e 26f	NA
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24 25 26 b c d	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the nan governmental unit or publicly supported organizations the shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add Amounts from column (e) for lines 18.  22  Public support (line 26c minus line 26d total)  Public support percentage (line 28e (numera Organizations described on line 12: a Forperson." prepare a list for your records to show to Do not file this list with your return. Enter the (2001)	ne of and amount attorn) whose tota th your return. Ene 24, column (e) torn) divided by I amounts including name of, and a sum of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such an area of such area of	t contributed by al gifts for 1998 the meter the total of all 19	each person (other rough 2001 excell these excess an excess and ex	were recerar from, ea	26b 26c 26d 26e 26f ved from sch "disc	n a "disqualifiqualified person
24 25 26 b c d	Line 23 minus line 17  Enter 1% of line 23  Organizations described on lines 10 or 11:  Prepare a list for your records to show the nan governmental unit or publicly supported organization amount shown in line 26a. Do not file this list with Total support for section 509(a)(1) test. Enter line Add. Amounts from column (e) for lines. 18.  22  Public support (line 26c minus line 26d total).  Public support percentage (line 26e (numeral Organizations described on line 12: a. Fo person, "prepare a list for your records to show to not file this list with your return. Enter the (2001)	ne of and amount attorn) whose tota th your return. Ene 24, column (e) tor) divided by I amounts including name of, and a sum of such an each per year, that was mo	t contributed by all gifts for 1998 the inter the total of all 19 26b ine 26c (denominated in lines 15, 1 total amounts for each y (1999) son (other than "de than the larger	each person (otherough 2001 excell these excess an example of the excess and	were receirar from, ea	26b 26c 26d 26e 26f ved from the discontinuous continuous n a "disqualifiqualified person  or your records rear or (2) \$5.00	
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Part V	Private School Questionnaire (See page 7 of the instructions)	
	(To be completed ONLY by schools that checked the box on line 6 in Part I	V)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe, if "No," please explain (if you need more space, attach a separate statement)			
32	Does the organization maintain the following			
 a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	******	*******
Ь	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
C	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
đ	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies? .	33b		
C	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities? .	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	348		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	If you answered "Yes" to either 34a or b, please explain using an attached statement.  Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05.			
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? (f "No," attach an explanation	35		

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_	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
Che	ck 🌬 🔲 if the organization belongs to an affilia		ck ▶ b 🔲 if			"limited con	troi" provision	s apply
	Limits on Lobbyir	ng Expenditure				(a) Affiliated gro totals	up To be co	o) Impleted electing
_		····	<del></del>		36	N/		
36	Total lobbying expenditures to influence public				37		7.	
17	Total lobbying expenditures to influence a legis		t lobbying)		38		<del></del>	
38	Total lobbying expenditures (add lines 36 and 3	37)			39			•
39	Other exempt purpose expenditures				40			
40	Total exempt purpose expenditures (add lines :				mina			
41	Lobbying nontaxable amount. Enter the amount		-					
		bbying nontaxab						
		the amount on I						
		00 plus 15% of the		1	41			
	Over \$1,000,000 but not over \$1,500 000 . \$175,00	•						
	Over \$1,500,000 but not over \$17,000,000 \$225,00	,	excess over \$1,50	10,000				
	Over \$17,000,000 \$1,000,			•	42			
42	•	•	36		43			
43	Subtract line 42 from line 36 Enter -0- if line 4				44			
44	Subtract line 41 from line 38 Enter -0- if line 4	i is more than in	ie 38					
	Caution: If there is an amount on either line 43	or line 44, you n	nust file Form 47	20				
	4-Year Ave	eraging Period	Under Section	on 501(h)				
	(Some organizations that made a section See the instructions for	n 501(h) election	do not have to d	complete all	of the		s below	N/A
	(Some organizations that made a section	n 501(h) election or lines 45 throug	do not have to d	complete all of the inst	of the	5)		N/A
	(Some organizations that made a section	n 501(h) election or lines 45 throug	do not have to o in 50 on page 11	complete all of the inst	of the	5)	Period	N/A
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48 49 50 Pa Durn atte a b c d e f	(Some organizations that made a section See the instructions for fiscal year beginning in) ▶  Lobbying nontaxable amount  Lobbying ceiling amount (150% of line 45(e))  Total lobbying expenditures  Grassroots nontaxable amount  Grassroots ceiling amount (150% of line 48(e))  Grassroots lobbying expenditures  I VI-B Lobbying Activity by Nonelect (For reporting only by organizating the year, did the organization attempt to influence public opinion on a legislative in Volunteers  Paid staff or management (Include compensation Media advertisements  Mailings to members, legislators or the public Publications, or published or broadcast statemed Grants to other organizations for lobbying purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public purp Direct contact with legislators, their staffs, governing the product of the public public purp purp Direct contact with legislators, their staffs, governing the product of the public pu	ting Public Classes referended in expenses referenced in expenses re	do not have to on 50 on page 11 bying Expenditu  (b) 2001  harities not complete Frate or local legis um, through the eported on lines of the page 11  or a legislative by	Complete all of the instructions of the instruction (c) 2000  Part VI-A) lation, inclusive of through he mody	4-Year	(d) 1999	Period (Inc.)	e) ptal  O  O  O  Ctions)

# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions,)

•					tion 527, relating to political organization		J 111 54	RJUUHI
8				to a noncharitable exempt org			Yes	No
-		Cash	gg			51a(i)		$\lambda$
	(B)	Other assets				a(ii)		Χ
ь	Oth	er transactions						,
	M	Sales or exchange	es of assets with a	noncharitable exempt organiza	ation	ь(1)		<u> </u>
	•			ritable exempt organization		b(ii)		Υ
		Rental of facilities		· —		P(II)		يز
		Reimbursement a	• •			b(lv)		X
		Loans or loan qua	J			b(v)		$\lambda$
		•		ship or fundraising solicitations	_	b(vi)		$\overline{x}$
C				ists, other assets, or paid empl		С		X
					Column (b) should always show the far	r market val	ue of	the
	good	ds, other assets, or	services given by ti	ne reporting organization. If the o	rganization received less than fair marki ds, other assets, or services received	et value in a	ny	
4	9)	(b)		(c)	(4)			
Line	no	Amount involved	Name of non	chantable exempt organization	Description of transfers transactions ar	nd sharing am	ingeme	:nts
						•		
				111				
	- 1							
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	]			·				
		-			_			
	desc		01(c) of the Code (	(other than section 501(c)(3)) or	ne or more tax-exempt organization: in section 527?	s → 🗌 Yes		No
		(a)		(b)	(c)			
		Name of organiz	ation	Type of organization	Description of relation	ıżµb		
Av	nod	cans for Li	mitcel	501(2)(4)	Identical Board	Member	Shi	0
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### AMERICANS FOR LIMITED GOVERNMENT FOUNDATION

52-2020468

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE	STATEMENT 1

EXPL	A 1 T	A T	
P X PI	AN	A 1	II IN

To inform, educate, and rally Americans to restore a smaller government by promoting limited government ideas that reduce the size and scope of our government

### AMERICANS FOR LIMITED GOVERNMENT FOUNDATION

52-2020468

FORM 990 LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 2

NAME AND ADDRESS	TITLE AND RG HRS/WK	COMPEN- <u>SATION</u>	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
ROBERT COSTELLO 518 DAVIS ST , SUITE 201 EVANSTON, IL	DIRECTOR 0	0	0	0
PAUL FARAGO 5231 SW MARTHA STREET PORTLAND, OR	DIRECTOR 0	0	0	0
ERIC O'KEEFE 504 E. MADISON STREET SPRING GREEN, WI	DIRECTOR 0	0	0	0
HOWARD RICH 73 SPRING ST , #507 NEW YORK, NY	DIRECTOR 0	0	0	0
JEFF SINGER 4442 E. HORSESHOE RD PHOENIX, AZ	DIRECTOR 0	0	0	0
TOTALS INCLUDED ON FORM 990, PART V	0	0	0	